

West Virginia Conservative Foundation
P.O. Box 11572
Charleston WV 25339
wvconserv_found@suddenlink.net
304.342.1842

FAX COVER

From: West Virginia Conservative Foundation, Inc.

To: Federal Election Commission

Date: 1 October 2010

Pages including this Cover Page: 5

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name West Virginia Conservative Foundation, Inc.

(b) Address (number and street) check if different than previously reported
P.O. Box 11572

(c) City, State and ZIP Code
Charleston, WV 25339

2. FEC Identification Number

C

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement New
or
 Amended

4. Covering Period
09 29 2010
through
10 01 2010

5. (a) Date of Public Distribution(s) 10 01 2010 (b) Communication Title Stand with WV

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Nathaniel Lieberman

(b) Address (number and street)
1514 Virginia Street E.

(c) City, State and ZIP Code
Charleston, WV 25311

(d) Name of Employer or Principal Place of Business

(e) Occupation

Self

Photographer

9. Total Donations This Statement , , 0.00

10. Total Disbursements/Obligations This Statement , , 227,800.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Nathaniel Lieberman Sec/Treasurer

SIGNATURE _____

DATE 10/01/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name Nathaniel Lieberman	
(b) Address (number and street) 1514 Virginia Street, E.	
(c) City, State and ZIP Code Charleston, WV 25311	
(d) Name of Employer or Principal Place of Business Self	(e) Occupation Photographer
B. (a) Name Lance E. Schultz	
(b) Address (number and street) 1537 Bedford Road	
(c) City, State and ZIP Code Charleston, WV 25314	
(d) Name of Employer or Principal Place of Business Self	(e) Occupation Entrepreneur
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$.
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$.
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$.
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$.
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$.

SUBTOTAL of Donations This Page (optional) ▶	\$.
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	\$.

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee Target Enterprises				Date of Disbursement or Obligation 09 / 29 / 2010	
Mailing Address of Payee 16501 Ventura Blvd.				Amount , 220 , 000 . 00	
City Encino	State CA	Zip Code 91436			
Name of Employer _____			Occupation _____		
Purpose of Disbursement (Including title(s) of communication(s)) TV AD "Stand With WV"					
Name of Federal Candidate Nick Rahall	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WV	District: 3	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee The Herald Group				Date of Disbursement or Obligation 09 / 29 / 2010	
Mailing Address of Payee 1120 G Street, N.W. Suite 600				Amount , 7800 . 00	
City Washington	State DC	Zip Code 20005			
Name of Employer _____			Occupation _____		
Purpose of Disbursement (Including title(s) of communication(s)) Media Production (Stand with WV)					
Name of Federal Candidate Nick Rahall	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WV	District: 3	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				, 227 , 800 . 00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				, 227 , 800 . 00	

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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